

(3)

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
 UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. Sec. 1983

FILED

U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

IN THE UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF ARKANSAS

Third DIVISION

AUG 26 2013

JAMES W. McCORMACK, CLERK
 By: SDS DEP CLERK

KARL BERNARD CARTER

ADC # 099771

(Enter above the full name of the
 plaintiff, or plaintiffs, in this
 action.)

V.

CASE NO

1:13-CV-77 DPM/JTR

CLIFFTON JONES, RANDY FERRETTE,
MS. HUNT, DR. BISHOP,
NURSE SHELBY

This case assigned to District Judge
 and to Magistrate Judge

Marshall
Roy

(Enter above the full name of
 defendant or defendants, in
 this action.)

I AM SUING THE DEFENDANTS IN:

I. Previous Lawsuits

☒ BOTH OFFICIAL AND PERSONAL CAPACITY

A. Have you begun other lawsuits in state or federal court
 dealing with the same facts involved in this action?

Yes _____ No ☒

B. If your answer to A is yes, describe each lawsuit in
 the space below. (If there is more than one lawsuit,
 describe the additional lawsuits on another piece of
 paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (If federal court, name the district; if stat
 court, name the county: _____)

3. Docket Number: _____
4. Name of Judge to whom case was assigned _____
5. Disposition (for example: Was the case dismissed was it appealed? Is it still pending?): _____
6. Approximate date of filing lawsuit: _____
7. Approximate date of disposition: _____

II. Place of present Confinement: NORTH CENTRAL UNIT

III. There is a prisoner grievance procedure in the Arkansas Department of Correction. **Failure to complete the grievance procedure may affect your case in federal court.**

A. Did you present the facts relating to your complain in the state prisoner grievance procedure?

Yes ☒ No ☐

B. If your answer is YES, Attach copies evidencing completion of **the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.**

C. If your answer is NO, explain why not: _____

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff: KARL BERNARD CARTER

Address: NORTH CENTRAL UNIT
10 PRISON CIRCLE
CALICO ROCK, AR. 72159

Name of plaintiff: _____

Address: _____

Name of plaintiff: _____

Address: _____

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(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Defendant: CLIFFTON JONES
Position : NURSE PRACTITION
Place of employment: SHE WAS FIRED , UNKNOWN
Address: UNKNOWN

Defendant: RANDY FERRETTE
Position : ADMINISTRATOR OF HEALTH DEPARTMENT
Place of employment: NORTH CENTRAL UNIT
Address: 10 PRISON CIRCLE , CALICO ROCK, AR. 72519

Defendant: NURSE HUNT
Position : L.R.N.
Place of employment: SHE WERE FORCED TO RETIRE
Address: UNKNOWN

Defendant: NURSE SEVEY
Position : LAB DEPARTMENT
Place of employment: ~~LABORATORY~~ TRANSFERED TO CUMMINS UNIT
Address: UNKNOWN

Defendant: DOCTOR MICHELLE BISHOP
Position : DOCTOR
Place of employment: NORTH CENTRAL UNIT
Address: UNKNOWN

④

V. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- (1) ON 5-5-12, AT NORTH CENTRAL UNITS medical Department Practitioner, Clifton Jones ENTERED INTO THE EOM's false information, which shows falsifying medical documents, and deliberate Indifference to my serious medical Conditions. . grievance # NC-12-0023 is with merit.
- (2) ON 9-21-12, RANDY FERRETTE, GAVE FALSE information ON a response of a grievance THAT I submitted, stating that I do NOT TRUST North Central medical Staff, because of falsifying medical documents. ON grievance NC-1200400 RANDY FERRETTE GAVE false information to Chief Deputy DIRECTOR, WENDY KELLY TO delay, and deny me the the proper exams. AT NORTH CENTRAL UNIT grievance NC-1200476 Shows STRICT PROOF

VI. Relief

State briefly exactly what YOU want the court to do for YOU.

Make no legal arguments. Cite no cases or statutes.

- (1) I pray THAT THE COURT would order the A.D.C. Director to transfer me to another Facility, because of non willful actions resulting racial discrimination, and retaliation of the North Central medical department and that I may have been CONCENTED a drug to Assault or Battery.
- (2) grant the plaintiff compensatory punitive and normal damages in the amount of \$20,000 per defendant for the violations of the plaintiffs rights of a total of \$100,000,

I declare under penalty of perjury (18 U. S. C. § 1621 that the foregoing is true and correct.

Executed on this _____ day of _____, 20__.

Signature(s) of plaintiff(s)

V. STATEMENT OF CLAIM

Page 2

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(3) ON 10-31-12, AT NORTH CENTRAL UNIT MEDICAL DEPARTMENT I WERE SEEN BY NURSE HUNT who, prolonged, delayed, and denied me an appointment to see DR. Bishop for a serious stomach infection.

ON 11-7-12, I WERE SEEN AGAIN BY NURSE HUNT for the same stomach problem. I explained to her that I WAS CONSTIPATED and were having severe stomach cramps, and stomach pain, that the laxatives were making it worse.

She offered me UNprescribed medication such as prune Juice and coffee for constipation. I refused to take the offer, and She stated that was all she could do. Nurse Hunt denied me to proceed to Dr. Bishop. Nurse Hunt gave False information Stated I held my stomach while she examine me.

That Shows Falsifying documents and deliberate indifference to my serious medical needs.

(4) ON 11-9-12, at North Central medical department, I Entered the medical department as a emergency walk in for Sharp Chest pain and stomach pain. I were seen by nurse ^{selvey} ~~shelby~~ who drew blood and say she took it to A Clinic Near by, in a town of Calico Rock to be tested. Nurse Shelby returned less than 30 minutes and stated that blood lab results for stomach was negative for disease and stomach infection, which were false. Nurse shelby never gave me documentation of the lab results, nor Entered it in the EOM's, which the camera should have caught when she drawn the blood, which Shows Falsifying documents and deliberate indifference to my serious medical needs.

(5) ON-11-29-12 at NORTH CENTRAL UNIT medical department I saw DR. Bishop for a serious Stomach problem. I explained to DR Bishop that I had been seen at a numerous of times at sick calls for this Stomach problem, and where said by ms. Hunt I had no medical problem. ~~That~~ I had been given LAXATIVES, milk of magnesia and docusate caps for over 30 days. DR. Bishop ordered me pepto-Diotame Tablets to take and Tums for gas. She stated that If I did not feel better in one week to follow up for further evaluation, ~~DR~~ Bishop Fall, ~~to~~ Follow me up with an appointment which were 12-5-12 and on 12-12-12 I were transferred to another UNIT, TUCKER, and there ~~I~~ complained about my stomach problem up on arrival, ~~And were tested positive with Tpylori Antigen stomach infection.~~ Dr. Bishop, showed deliberate Indifference to my serious medical need by not following up on appointment she made.

Plaintiff request that the court Clerk send him a copy of Complaint claim

Respectfully sign
Karl Cate

9

CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF:

Karl Carter

ADC NUMBER:

099771

FEDERAL COURT CASE NUMBER (IF KNOWN):

Total deposits for last six (6) months:

\$ 50.00

Average monthly deposit (total deposits divided by 6):

\$ 8.33

Total balances for last six (6) months:

\$ 0.10

Average monthly balance:
(Total balances divided by 6)

\$ 0.02

Current account balance:

\$ 0.00

Initial payment of filing fee as of 7-8-2013:

\$ 1.67

(The greater of the average monthly deposit
Or the average monthly balance x .20)

DATE: 7-8-2013

AUTHORIZED OFFICIAL

Barbara Tate

(NO FILING FEE SHALL BE IN EXCESS OF
\$350 FOR A CIVIL LAWSUIT
OR
\$455 FOR AN APPEAL)

800-4

STATE OF ARKANSAS)
COUNTY OF IZARD) §

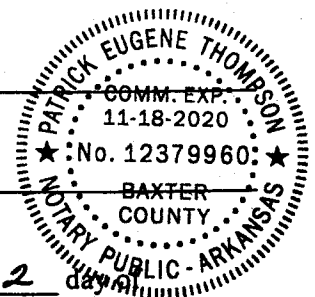
AFFIDAVIT

I, Karl Carter, after first being duly sworn, do hereby swear, depose and state that: ON this sworn Affidavit, I did file A Complaint to The UNITED STATES District Court for The Eastern District OF Arkansas on this signed Affidavit by Notary Public and dated. That Clifton Jones, Randy Ferrette, ms HUNT, Dr. Bishop and Nurse Shelby be served Under the Civil Rights Act, 42 U.S.A. Sec. 1983, In the United States District Court Eastern District of Arkansas.

I further swear that the statements, matters and things contained herein are true and accurate to the best of my knowledge, information and belief.

8-2-13
DATE

Karl Carter
AFFIANT
099771
SOCIAL SECURITY #



SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 2 day of August, 2013.

Patrick Eugene Thompson
NOTARY PUBLIC

My Commission Expires: 11-18-2020

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center N.C.U.

Received

Name Karl Carter

MAY 20 2012

ADC# 99771Brks # 4Job Assignment Utility

Grievance Office

5-21-12 (Date) STEP ONE: Informal Resolution

5-25-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Because she did not tell the truth about performing a physical, she says she did, but did not.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: (medical) or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 5-15-12 I SAW PRACTITIONERMS. CLIFFTON JONES, and which time she claim that she perform an examination, at which time she never left her chair some five feet away. I later learn from Bernald Williams the infirmary manager of what Denise Cliffon Jones entered into e.O.M.s at which time the information that was entered was false, therefore the medical documentation was false aside. This shows deliberate indifference to my medical conditions. Therefore how can you trust the medical professionals that are allowed to falsify medical Records for self gratification.Karl Carter

Inmate Signature

5-21-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 5-21-12 (date), and determined to be Step One and/or an Emergency GrievanceNo (Yes or No) This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Bernald WilliamsDate 5-21-12

Sgt Chris Brandon

56276

Chris Brandon

5-21-12

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: you claim that physical assessment was never performed + subjective information was incorrect will be investigated further. you requested video review, which will be done. you will have an appt. E.D. Bishop.Beryl Fenette, RN 5/25/12

Staff Signature & Date Returned

X Karl CarterInmate Signature & Date Received 5-25-12This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____

Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____

Date: _____

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

12

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Attachment IV

INMATE NAME: Carter, Karl B.ADC #: 099771EGRIEVANCE #: NC-12-00230

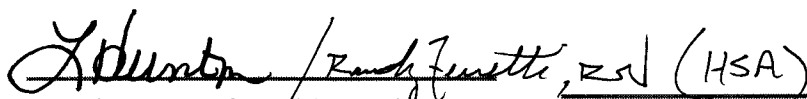
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

Code 603

On 5/15/12 I saw practitioner Ms. Clifton Jones and which time she claim that she preform an exzamination, at which time she never left her chair some five feet away. I later learn from Bernard Williams the imfermery maneger of what Deniese Clifton Jones entered into eomis at which time the information that was intered was false. therefore the medical docomintation was falseafide. This shows deliverate indifference to my medical conditions. Therefore how can you trust the medical professionals that are aloud to falesafy medical records for self gradification.

Response:

Administrative staff has investigated and addressed your complaint.
This grievance is with merit.



Signature of Health Services
Administrator/Mental Health
Supervisor or Designee

Title

Date

6/18/12

INMATE'S APPEAL

5-22-12

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Because Mrs. Clifton Jones entered false afide medical do comintations in to eomis.
And that shows deliverate indifference to my medical conditions.

Unit/Center N.C.U.Name Karl CarterADC# 099771Brks # 12Job Assignment Officer

NOV 14 2012

Grievance Officer

FOR OFFICE USE ONLY

GRV. # NC-12-00476Date Received: 11/14/12GRV. Code #: 60011-13-12 (Date) STEP ONE: Informal Resolution11-13-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)Claims to be making errors which is no professional, and that leaves me with any trust in staff at N.C.U.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I found in grievance NC-12-00400 showsthat N.C.U. medical Department Administrator Randy Ferretti responded it without merit, stating that there is nothing in my medical record to indicate that any medical records have ever been false or fide. In addition, there is documentation in my medical record dated on 5-15-12 which is also false, because I have grievance NC-12-00230 where Administrator Randy Ferretti signed with response stating that Administrative staff has investigated and addressed my complaint that this grievance is with merit.Therefore N.C.U. medical department must be trying to conceal false affidavits documents from the courts, and have giving false information on a grievance decision #NC-12-00400. Therefore this shows deliberate indifference to my medical condition, and with my proof of documentation, this grievance is with merit.Karl Carter

Inmate Signature

11-13-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 11-13-12 (date), and determined to be Step One and/or an Emergency GrievanceYES (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: MSA Mr. FerrettiSgt Reeres34849MSA Mr. FerrettiDate 11-13-12

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received 11-13-12

Describe action taken to resolve complaint, including dates:

I apologize for item #2 in formal grievance response NC-12-00400. This was an error. I acknowledge that we found grievance NC-12-00230 with merit. The employee you continue to reference has not worked for Corizon for 5 months. R. Ferretti, MSA 11/13/12 X Karl Carter 11-13-12

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: _____

Date: _____

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

Action Taken: _____

(Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____

Date: AN 2 2013**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

GRIEVANCE#: NC-12-00476

ADC #: 099771

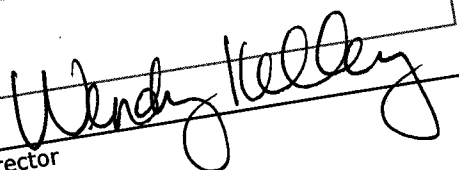
INMATE NAME: Carter, Karl B.

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November 13, 2012, you grieve that Randy Ferretti found NC-12-00400 without merit stating there was nothing in your medical record to indicate your records had been falsified. You complain that he found the grievance you submitted complaining that Ms. Jones did not perform a physical examination and the information she entered into eOMIS was false with merit (NC-12-00230). You claim this makes Mr. Ferretti's response in NC-12-00400 false and shows deliberate indifference to your medical condition.

The medical department responded, "Per policy all grievances are to be filed within 15 days of occurrence. The date on grievance NCU-12-0230 is dated 5/29/12. The employee, that you continue to make reference to, has not been employed by Corizon in 6 months. All of your medical complaints have been addressed in a timely manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be assured that all of Corizon staff is educated, licensed and trained in their capacities to provide medical care and treatment. Please be assured that your medical treatment is of the utmost importance to the medical staff. This grievance is without merit. The issue you continue to address is five to six months in the past."

Mr. Ferretti responded to NC12-00400 on September 13, 2012, and you submitted this grievance two months later. You failed to follow the grievance policy and your grievance should have been rejected. I will not address the merits of your appeal as it was filed past the time frame allowed by policy; therefore, I find this appeal without merit.


Director

2/5/13
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center N.C.U.

Received

Name Karl Carter

ADC# 099711

Brks # 12

Job Assignment Mail Porter

NOV 14 2012

Grievance Office

FOR OFFICE USE ONLY	
GRV. #	<u>NC-12-00477</u>
Date Received:	<u>11/14/12</u>
GRV. Code #:	<u>600</u>

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11-12-12 (Date) STEP ONE: Informal Resolution

11-13-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I am having to keep writing grievances, to get medical attention, and medical department staff has shown deliberate indifference

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

to my medical conditions, by trying to give me unscribed medication.

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

On 10-30-12, I were at sick call and was seen by Ms. Hunt. I explained to her that the pain medication (Tromadole) that I were prescribed by Doctor Bishop were making me constipated with side effects, and that it were three weeks to see how it works. Doctor Bishop said that if I had problems with in the three weeks to put in a sick call for follow up, which I have did twice. On 10-30-12, Ms. Hunt told me after checking me that she had me on the Doctor list to see Doctor Bishop. On 11-7-12, I were at sick call, and were seen by Ms. Hunt from the same problem, I explain to her that the Laxative tablets that she gave me were causing me stomach cramps and were not working as should, and that the one time I did have bowel movement, it was hard and very little and that I've been having bowel more that once a week before taking tromadole, and that I needed to see the doctor, because my back problem may leads to side pain, stomach cramps, and constipation, and or the tromadole may have affected my bowel movement to cause stomach cramps. Ms Hunt offered to give me some prune juice that she said she had for my constipation, and pain. I refused to drink any fluids that is not prescribed are not from a pharmacy. I've already ordered that I don't trust this medical staff, because of falsified documents and deliberate indifference to my medical conditions. I feel it would be the proper way to assign me to follow up with Dr. Bishop. This shows deliberate indifference to my medical conditions.

Karl Cat
Inmate Signature

11-12-12
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 11/12/12 (date), and determined to be Step One and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form:

Timothy Williams 51830 Mr. Ferretti 11/12/12
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: The treatments offered to you by Ms Hunt on 11/7/12 are appropriate but you refused them. you spoke to me about this on 11/9/12 and I communicated to Dr Bishop and he ordered more of mag. you may return to Sick Call if problems persist. R. Fournier, MSA
Staff Signature & Date Returned 11/13/12 Inmate Signature & Date Received Karl Cat 11-13-12

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? No
Staff Who Received Step Two Grievance: _____ Date: _____
Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: DEC 13 2012
If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

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Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#: NC-12-00477

November 12, 2012, you grieved that you are suffering from constipation from taking the medication Tramadol. You complain you saw Ms. Hunt in sick call but need to see Dr. Bishop again for this problem.

The medical department responded, "The medical department responded, "You were seen at sick call on 10/31/12 for the complaint that the medication Tramadol was causing constipation. You had been on the medication, Tramadol for 30 days and this was the first complaint of constipation. Your examination was normal, you had normal bowel sounds with no nausea, vomiting or fever. It is documented that you held your abdomen tight during the examination. Further documentation reads that you refused the protocol treatment of Bisacodyl and Colace. You reported that a nurse had already given you the Docusate and Bisacodyl the previous evening, but there was no documentation of your having been given the medications. You were offered prune juice as a natural approach to treating constipation. You also refused the offer of prune juice. You were instructed to return if no bowel movement in 3 to 4 days, to increase your water intake, exercise and to eat the fibrous foods. You were also informed that the Tramadol prescription was to expire on 10/31/12. On 11/09/12 you were prescribed Milk of Magnesia and on 11/29/12 you were prescribed Fiber Lax caplets. After further complaints of constipation you had a negative abdominal series and a normal CBC. Per policy only one issue will be addressed per grievance. The issue of constipation and your treatment is the issue addressed. This grievance is without merit. You were assessed and you refused the recommended treatment."

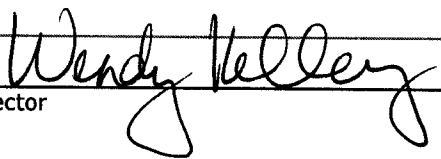
You disagree with this response in your December 10 appeal because the response is false. You claim you were not offered Bisacodyl or Colace, only prune juice, coffee, and milk of magnesia which you refused because they were not prescribed or from a pharmacy. You state you were seen by Dr. Bishop on November 29 and she prescribed Fiber Lax Caplets and ordered you a follow-up in one week, but Ms. Hunt trying to keep you from your follow-ups with Dr. Bishop. *I WAS TRANSFERRED 12-12-13 two days before follow up with ms Bishop*

The abdominal series taken on November 25 found a non-obstructed bowel gas pattern, physiologic (normal) amounts of stool in the colon; there were no significant findings. Your December 17 screening for occult rectal blood was negative. You were transferred from the North Central Unit and have been seen by the provider, Ms. Carswell. You did not complain of constipation during your January 28, 2013 encounter, and your Tramadol order expired October 31, 2012.

There is no evidence to support your accusation that Ms. Hunt is trying to keep you from seeing a provider. The prune juice, coffee, and Milk of Magnesia you were offered are standard protocol for complaints of constipation and you were seen by providers on the following dates for complaints of constipation: November 19, 27, 29, December 11, 17, and January 8.

I encourage you to cooperate with the treatment prescribed by medical staff. While you may not agree with it, sometimes simple measures such as increasing your fluid intake and drinking prune juice can be highly effective in relieving constipation.

Your appeal is without merit.


Director

2/5/13
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center North Central UnitName Karl CarterADC# 099771Brks # 12Job Assignment NOV 28 2012 for

FOR OFFICE USE ONLY

GRV. # NC-12-00496Date Received: 11/28/12GRV. Code #: 600

Received

11-23-12 (Date) STEP ONE: Informal ResolutionGrievance
Office11-27-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: BECAUSE, North Central medical staff
has fail to give me the proper EXAMINATION for A medical problem.(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: BECAUSE this medical problem is severe and serious
and this problem is not in the medical department.Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): This complaint is based on a health problem that may have been
created by North Central unit's medical department, from medication which I have consumed may have constituted a serious
physical medical problem. I were prescribed Tramadol for pain on 10-1-12, and became constipated on 10-22-12.
on 11-9-12, I began to feel severe sharp pain in my stomach less than 30 minutes from getting my teeth clean.
I have been seen several of times for sick call and by Nurse practitioner and were given LAXATIVES, milk of
magnesia and stool softeners, which I've been taking almost 30 days, and seems to be making the pain increase
and the constipation worse, I have created a combination of pain such as lower, back, stomach, and kidneys and headache
I have been appointed Xrays that may be an inadequate, defective and a malfunctioning X-ray machine that may
be the cause of me denied of Cat scans and MRI, because of a lower back injury I have, that may have also created
these combined problems that could have been solved if medical department and the director of medical had
proceeded me with prompt treatment such as outside treatment. I've been suffering a combination of pain for
all most 30 days and not getting any better, I am in need of prompt treatment.RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

DEC 31 2012

Karl Carter

Inmate Signature

11-23-12

HEALTH & CORRECTIONAL PRO. Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 11-23-12 (date), and determined to be Step One and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? YES (Yes or No). If yes, name of the person in that department receiving this form: MR. Ferretti Date 11-23-12Sgt. John Downey

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: Me Carter: I am referring you
to THE A.P.N. to REVIEW THE XRAY FINDINGS FROM 25 Nov 12 AND
FOR follow up AS SHE DEEMS MEDICALLY APPROPRIATE.[Signature] RN

Staff Signature & Date Returned

Karl Carter 11-26-12

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#: NC-12-00496

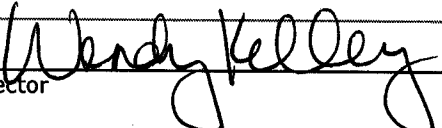
You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

The medical department noted the treatment you had received including being offered Bisacodyl, Colace, and prune juice during your October 31 sick call encounter, prescribed Milk of Magnesia on November 9, and Fiber Lax caplets on November 29; your lab, abdominal series were normal; the x-ray machine was certified, and the results read by a certified/licensed and experienced radiologist who found no obstruction. NC-12-00496 and NC-12-00501 were found without merit; NC-12-00514 was rejected by the grievance officer as a duplicate.

A consult for an MRI was submitted on July 6 and returned with a recommendation to treat conservatively on site and monitor for change in neuro examination. During her July 23 follow-up to discuss the conservative treatment for your back, Dr. Bishop updated your physical with the following restrictions: Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing; Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours; Restrict assignment requiring handling, lifting of heavy materials in excess of 15 lbs or requiring overhead work for a period in excess of 2 hours; and one arm duty with no stairs. You have been monitored closely since that time and were seen by providers for complaints related to your back on August 8, October 1 and 23; and for constipation on November 19, 27, 29, December 11, 17, and January 8. You were seen for acid reflux on January 28, 2013. Your November 25 abdominal x-rays revealed a non-obstructive bowel gas pattern with relatively little bowel gas and physiologic (normal) amounts of stool in your colon. There were no significant abnormalities found. Your December 17 stool sample was negative for occult (hidden) blood. Your specific complaint of constipation was addressed in NC-12-00477 and found without merit.

You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.


Director

2/5/13
Date

Unit/Center N.C.U.

Name Karl Carter

ADC# 099771 Brks # 12 Job Assignment Grievance Office Porter

DEC 03 2012

FOR OFFICE USE ONLY

GRV. # NC-12-00501

Date Received: 12/3/12

GRV. Code #: 600

19

11-27-12 (Date) STEP ONE: Informal Resolution

11-30-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Because this medical problem have not been solved and this medical department has fail to find the problem. I need outside treatment such as proper examinations to find out this medical problem that been going on for fifty five days.

11-27-12 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Because this problem has been over 30 days and

is causing severe pain, and no bowel movement, and if I don't get proper treatment soon, it may cause my life.

Is this Grievance concerning Medical or Mental Health Services? medical If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have medical documents from injury back

that I have a acute avulsion in my lower sacrum, which means, something is between the Rectum and the Sacrum, which is a wedge with formed angles that's causing Compression, And is blocking off the rectum from bowel movement. It states that if patient is locally symptomatic in those areas, further evaluation with M.R.I. could be considered if clinically indicated. I am having burning pains in my lower stomach, both sides, and exactly in the sacrum, and rectum area, and can feel there is the Blockage of the constipation. This medical documents from a updated examination machine, shows facts of a medical problem that North Central's medical departments xray machine must be inadequate, defective and a malfunctioned, and or may not be properly inspected. I am suffering a serious medical problem that may affect my life, because The medical department, prolonged, refused, and denied me out side treatment and out side examinations such as CAT scans and M.R.I. North central medical staff has tried to solve this problem and failed to figure out a serious medical problem that has grown worse from the day of the injury, and has denied me further evaluation.

Karl Carter

JAN 17 2013

11-27-12

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 11-27-12 (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Mr. Ferretti Date 11-27-12

Patrick Thompson 49945 Patrick Thompson
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: MR CARTER: THE ABDOMINAL SERIES PERFORMED LAST WEEK SHOWED NO OBSTRUCTION, PER THE CERTIFIED RADIOLOGIST. HAD THE X-RAY MACHINE BEEN DEFECTIVE, THE XRAY WOULD HAVE BEEN UNREADABLE, NOT SHOW NO OBSTRUCTION. THE NOW PROVIDES ARE CONTINUING TO EVALUATE THE CAUSE OF YOUR MEDICAL COMPLAINTS, FOLLOW UP BLOOD TESTS HAVE BEEN ORDERED AND YOU ARE SCHEDULED TO SEE THE DOCTOR LATER THIS WEEK. THE NURSE PRACTITIONER SAW YOU

Staff Signature & Date Returned 11/27/12 Inmate Signature & Date Received 11-27-12

This form was received on (date), pursuant to Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date:

If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

to Inmate After Completion of Step One and Step Two. HAVE AN EMERGENCY CONDITION, PLEASE KNOW YOU ARE BEING THOROUGHLY ASSESSED & MONITORED.

THIS APPEARS LESS THAN 30 HOURS AGO AND STATED THAT AT THAT TIME YOU DID NOT

Karl Carter

IGTT430
3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#: NC-12-00501

You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

The medical department noted the treatment you had received including being offered Bisacodyl, Colace, and prune juice during your October 31 sick call encounter, prescribed Milk of Magnesia on November 9, and Fiber Lax caplets on November 29; your lab, abdominal series were normal; the x-ray machine was certified, and the results read by a certified/licensed and experienced radiologist who found no obstruction. NC-12-00496 and NC-12-00501 were found without merit; NC-12-00514 was rejected by the grievance officer as a duplicate.

A consult for an MRI was submitted on July 6 and returned with a recommendation to treat conservatively on site and monitor for change in neuro examination. During her July 23 follow-up to discuss the conservative treatment for your back, Dr. Bishop updated your physical with the following restrictions: Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing; Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours; Restrict assignment requiring handling, lifting of heavy materials in excess of 15 lbs or requiring overhead work for a period in excess of 2 hours; and one arm duty with no stairs. You have been monitored closely since that time and were seen by providers for complaints related to your back on August 8, October 1 and 23; and for constipation on November 19, 27, 29, December 11, 17, and January 8. You were seen for acid reflux on January 28, 2013. Your November 25 abdominal x-rays revealed a non-obstructive bowel gas pattern with relatively little bowel gas and physiologic (normal) amounts of stool in your colon. There were no significant abnormalities found. Your December 17 stool sample was negative for occult (hidden) blood. Your specific complaint of constipation was addressed in NC-12-00477 and found without merit.

You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.



Director

Date

2/5/13

Unit/Center N.C.U.

Name Karl Carter

DEC 11 2012

ADC# 099771

Brks # 12

Job Assignment Grievance Officer

FOR OFFICE USE ONLY

GRV. # NC-12-00514

Date Received: 12/11/12

GRV. Code #: 600

12-10-12 (Date) STEP ONE: Informal Resolution

12-10-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Because I have a serious medical problem and this medical department are going through a slow process of giving me the proper examination such as outside treatment. I have been going through this problem for almost 60 days.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have a physical medical problem of constipation and stomach

cramps and has been going on since 10-24-12. On 11-19-12, Nurse Shelby draw blood and taken it to a clinic, in the town Camico Rock to be tested, and results was said by North Central's medical practitioner that there were no signs of infection nor disease. On 11-25-12, I were giving X-rays at North Central's medical department and results was said that there were no clinical need for a follow up at that time, but I continue to have symptoms such as constipation, stomach cramps and head aches, and kidney pain. On 11-30-12, I were seen at North Central by Dr. Bishop, and were ordered and prescribed fiber tablets, and receive them on 12-1-12, and was to follow up with Dr. Bishop in one week, which should have been on 12-7-12, but have not followed up. My digestion problem are continuing and this medical staff has fail to find my serious medical problem, I've been suffering for 60 days almost, and are delayed outside medical treatment such as CAT SCAN and examinations.

There are seriously something wrong with my digestion system, and may have been consented a medication that may have constituted a serious medical problem. Either North Central's medical departments X-ray machine are inadequate, defective and malfunctioning, and may not be properly inspected, Or North Central's medical staff for delaying me from outside treatment, because of a serious medical problem that they know I have would be highly cost for examinations and treatment, which shows deliberate indifference to a serious medical need.

Inmate Signature Karl Carter

Date 12-10-12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 12-10-12 (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: MA Ferretti Date

Patrick Thompson

49945

Patrick Thompson

Date Received

Describe action taken to resolve complaint, including dates: If you are still

having problems please submit a sick call request. You have a scheduled appointment with Dr. Bishop.

Staff Signature & Date Returned Thompson 12/10/12

Inmate Signature & Date Received Karl Carter 12-10-12

This form was received on (date), pursuant to Step Two. Is it an Emergency? NO

Staff Who Received Step Two Grievance: Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: DEC 19 2012

If forwarded, provide name of person receiving this form: Date:

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE**–Grievance Officer; **ORIGINAL**–back to Inmate After Completion of Step One and Step Two.

IGTT430
3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#: NC-12-00514

You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

The medical department noted the treatment you had received including being offered Bisacodyl, Colace, and prune juice during your October 31 sick call encounter, prescribed Milk of Magnesia on November 9, and Fiber Lax caplets on November 29; your lab, abdominal series were normal; the x-ray machine was certified, and the results read by a certified/licensed and experienced radiologist who found no obstruction. NC-12-00496 and NC-12-00501 were found without merit; NC-12-00514 was rejected by the grievance officer as a duplicate.

A consult for an MRI was submitted on July 6 and returned with a recommendation to treat conservatively on site and monitor for change in neuro examination. During her July 23 follow-up to discuss the conservative treatment for your back, Dr. Bishop updated your physical with the following restrictions: Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing; Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours; Restrict assignment requiring handling, lifting of heavy materials in excess of 15 lbs or requiring overhead work for a period in excess of 2 hours; and one arm duty with no stairs. You have been monitored closely since that time and were seen by providers for complaints related to your back on August 8, October 1 and 23; and for constipation on November 19, 27, 29, December 11, 17, and January 8. You were seen for acid reflux on January 28, 2013. Your November 25 abdominal x-rays revealed a non-obstructive bowel gas pattern with relatively little bowel gas and physiologic (normal) amounts of stool in your colon. There were no significant abnormalities found. Your December 17 stool sample was negative for occult (hidden) blood. Your specific complaint of constipation was addressed in NC-12-00477 and found without merit.

You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.



Director

Date

2/5/13

Unit/Center Tucker

Name Karl Carter

ADC# 099771 Brks # 6A Job Assignment VO-Tech

FOR OFFICE USE ONLY

GRV. # TU-13-86271

Date Received: 6/11/13

GRV. Code #: 6000

6-7-13 (Date) STEP ONE: Informal Resolution

6-10-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I continue with chest pains

and stomach problem, and constipation, and N.C.U. medical did not give me proper exams which made problem worse.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 6-20-12, I submitted a sick call at North Central Unit medical department for chest and stomach and constipation, and were seen by Dr Bishop four times, and never had a lab nor stool test. I continued sick calls and doctor calls for eight times, and only were giving Tyms, malox, and zantac. I suffered with a stomach infection called H. pylori Antigen for 8 months, because N.C.U. medical staff fail to perform the proper exams such as Lab and stool test. ON 12-12-12, I were transferred to Tucker Unit, and was forced to start the medical process all over at Tucker medical Department, which started ON 12-13-12. I were treated with stomach medication by Dr. Pepper, but my medical problem keep getting worse. ON 4-22-13, I were given Lab and stool test and it came back with H. pylori Antigen stomach infection, which is the medical problem I suffered from 6-20-12 at North Central Unit. ON 4-26-13, I submitted a sick call for a stomach problem and were giving a lab test at diagnostic. I received the results ON 5-31-12 at N.C.U. stated that no need for client follow up, which were false, because I continued suffering stomach problems.

Karl Carter
 Inmate Signature

6-7-13
 Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 6/11/13 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health (Yes or No). If yes, name of the person in that department receiving this form: MS. J. HARRIS Date 6/11/13

L. S. HARRIS 5925
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: you had another Lab drawn 5-23-13 for H. pylori and it is Negative.

FAILURE TO FOLLOW

R. Huff RV
 POLICY HAS RESULTED IN A REJECTION FOR THIS Karl Carter 6-10-13
 Staff Signature & Date Received Inmate Signature & Date Received

This form was received on _____ (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).
 Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: JUN 19 2013

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

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Attachment IV

INMATE NAME: Carter, Karl B.ADC #: 099771EGRIEVANCE #: TU-13-00271

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619)

Your grievance states, "On 6/20/12, I submitted a sick call at North Central Unit medical department for chest and stomach and constipation, and were seen by Dr. Bishop four times, and never had a lab nor stool test. I continued sick calls and doctor calls for eight times, and only were giving tums, malox and zantac. I suggested with a stomach infection called hpyiori antigen for (8) eight months, because N.C.U medial staff fail to preform the proper exams such as Lab and stool test. On 12/12/12, I were transferred to Tucker Unit, and forced to start the medical process all over at Tucker medical department, which started on 12/13/12. I were treated with stomach medication by Dr. Pepper, but my medical problem keep getting worse. On 4/22/13, I were given lab and stool test and it came back with tpyiori Antigen stomach infection, which is the medical problem I suggested from 6/20/12 at North Central Unit North Central medical department fail to give proper exams such as lab and stool for a serious medical problem which shows deliberate indifference to a serious medical need, that caused me to suffer a stomach infection for 8 months. On 4/26/12, I submitted a sick call for a stomach problem and were giving a lab test at diaonstic. I received results on 5/31/12 at N.C.U stated that no need for clinical follow up, which were false, because I continued suffering stomach problems."

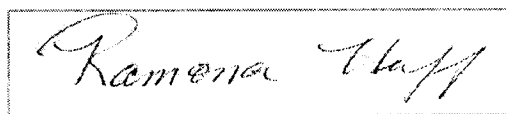
You also state, " Because I continue with chest pains and stomach problmes and constipation and NCU medical did not give me proper exams which made problem worse"

According to the grievance policy, The unit level grievance form (attachment 1) shall be completed and submitted within 15 days after the occurrence of the incident, with the date beside step 1: informal resolution"filled in. Therefore your complaints regarding North Central unit are out of time frame.

In regards to your concerns about your ongoing chest pains, stomach problems and constipation you are now being seen by medical staff at the Tucker Unit.

You were seen by licensed medical staff on the following dates for your complaints of stomach pain, Chest pain, and constipation: 12-17-12, 1-8-13, 1-28-13, 2-25-13, 2-28-13, 3-13-13, 3-14-13, 3-15-13, 4-15-13, 4-17-13, 4-30-13, 5-13-13, 5-23-13, 5-31-13, and 6-5-13.

You are being seen by licensed medical staff regarding chest pains, constipation, and stomach problems. Therefore, this grievance is without merit. Please continue to utilize the sick call process.



Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Ramona A Huff

Title

06/13/2013

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

**FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION FOR THIS
APPEAL AND MARKS THE END
OF THE APPEAL PROCESS**

INMATE'S APPEAL

JUN 19 2013

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not

25

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Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL
or REJECTION OF APPEAL**TO: Inmate Carter, Karl B.ADC #: 099771EFROM: Kelley, Wendy LTITLE: Deputy DirectorRE: Receipt of Grievance TU-13-00271DATE: 06/20/2013

Please be advised, the appeal of your grievance dated
06/07/2013
was received in my office on this date 06/20/2013

Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
 - ☒ (a) Parole and/or Release matter
 - ☒ (b) Transfer
 - ☒ (c) Job Assignment unrelated to medical restriction
 - ☒ (d) Disciplinary matter
 - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
 - ☒ (f) Involves an anticipated event

☒ You did not send all the proper Attachments:

- ☒ (a) Unit Level Grievance Form (Attachment 1)
- ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
- ☒ (c) Did not give reason for disagreement in space provided for appeal
- ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
- ☒ (e) Unsanitary form(s) or documents received
- ☒ (f) This Appeal was REJECTED because it was [REDACTED] untimely [REDACTED]
[REDACTED]

**FAILURE TO FOLLOW
POLICY HAS RESULTED IN
A REJECTION FOR THIS
APPEAL AND MARKS THE END
OF THE APPEAL PROCESS**